

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/936732**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/		/		
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13		0		/		
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17		0		/		
18		0		/		
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20		0		/		
21		0		/		
22		0		/		
23		0		/		
24		0		/		
25	/		/			
26		/		/		
27		/		/		
28		3		/		
29		0		/		
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50						
TOTAL IND.	2		3			
TOTAL DEP.	30		29			
TOTAL CLAIMS	32		32			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS